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Art Unit:

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DATE:

June 17, 2005

FROM:

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CLIENT NO.: 2416-00000

TOTAL NUMBER OF PAGES (INCLUDING THIS ONE)

<u>3</u>

COMMENTS:Re:

U.S. Patent Application No. 10/804,775

Filing Date: 03/19/2004

Applicant(s): Kathy Maida-Smith and Steven W. Engle

The following documents are attached for filing:

Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address for Kathy Maida-Smith (1 p.)

Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address for Steven W. Engle (1 p.)

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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PTO/SB/82 (04-05))
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/804,775 03/19/2004 Filing Date REVOCATION OF POWER OF First Named Inventor Kathy MAIDA-SMITH ATTORNEY WITH Title Security Network Data NEW POWER OF ATTORNEY AND Management System and CHANGE OF CORRESPONDENCE ADDRESS Method Art Unit **Examiner Name** Attorney Docket No. 2416-00300 (prev. MSC-238) I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR I hereby appoint the practitioners associated with the Customer Number: 23505 冈 \mathbb{Z} Please change the correspondence address for the above-identified application to: 冈 The address associated with 23505 Customer Number: ☐ Firm or Individual Name Address State City Zip Country Telephone Fax I am the: Applicant/inventor. Under 37 CFR 3.73(b) Assignee certifies that it is: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Company Signature Kathy Maida Name: mith 2005 Date Telephone: 281-461-7085 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) and application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/804,775
	Filing Date	03/19/2004
	First Named Inventor	Kathy MAIDA-SMITH
	Title	Network Security Data Management System and Method
	Art Unit	
	Examiner Name	
	Attorney Docket No.	2416-00300 (prev. MSC-238)
I hereby revoke all previous powers of attorney given in the above-identified application.		
A Power of Attorney is submitted herewith.		
OR		
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SIGNATURE of Applicant or Assignee of Record		
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Signature Crwlele		
Name: Steven W. Engle		
Date, 2005	Telephone: 281-461-7085	
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